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PTO/SB/05 (4/98)
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small>	Attorney Docket No. MF01U
	First Inventor or Application Identifier FOX, MARA
	Title Kissing Game for Two Persons
Express Mail Label No. _____	

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages] 9 <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets] _____ 4. Oath or Declaration [Total Pages] 9 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <small>(for continuation/divisional with Box 16 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>See statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small>	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still prior and desired (PTO/SB/09-12) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 15. <input type="checkbox"/> Other: _____

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16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____
Prior application information: Examiner _____ Group / Art Unit _____
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1536 U.S. PTO
10-16-99
08/21/03

17561 U.S. PTO
08/21/03

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FEE TRANSMITTAL for FY 2003		Complete if Known	
<small>Patent fees are subject to annual revision.</small>			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor FOX, MARA	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$) 388		Attorney Docket No. MF01U	

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number _____ Deposit Account Name _____ The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	FEE CALCULATION (continued) 3. ADDITIONAL FEES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> </tr> </thead> <tbody> <tr><td>1051 130</td><td>2051 65</td><td></td><td></td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052 50</td><td>2052 25</td><td></td><td></td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053 130</td><td>1053 130</td><td></td><td></td><td>Non-English specification</td><td></td></tr> <tr><td>1812 2,520</td><td>1812 2,520</td><td></td><td></td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>1804 920*</td><td>1804 920*</td><td></td><td></td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805 1,840*</td><td>1805 1,840*</td><td></td><td></td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251 110</td><td>2251 55</td><td></td><td></td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252 400</td><td>2252 200</td><td></td><td></td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253 920</td><td>2253 460</td><td></td><td></td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254 1,440</td><td>2254 720</td><td></td><td></td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255 1,960</td><td>2255 980</td><td></td><td></td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401 320</td><td>2401 160</td><td></td><td></td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402 320</td><td>2402 160</td><td></td><td></td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403 280</td><td>2403 140</td><td></td><td></td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451 1,510</td><td>1451 1,510</td><td></td><td></td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452 110</td><td>2452 55</td><td></td><td></td><td>Petition to revive - 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SUBMITTED BY		<small>(Complete if applicable)</small>	
Name (Print/Type) DOM E. ERICKSON	Registration No. (Attorney/Agent) 38,873	Telephone 858-350-1308	
Signature <i>Dom E. Erickson</i>	Date Aug. 8, 2003		

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